Certification of Payment

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IC	daho Transp	ortation De	partmen	nt			
Federal Aid Funded Project Fill out for each estimate/invoice and ret Ref; ITD Std. Spec. 109.05. Use addition			ndar days	s of re	eceipt of ITE) payment.	
State Funded Project Fill out upon receipt of written notice of ITD payment. Ref; ITD Std. Spec. 109.0	project <u>final</u> a .05. Use addit	icceptance and ional pages if	l return w needed.	vithin	twenty (20)	calendar days	of receipt of
Project Number	Key Number			Proje	ject Name		-
Work Reflected in ITD Estimate/Invoice Number	Contract/Agr	reement Numbe	i.				
Subcontractor/Subconsultant	*Item No.	Work Item/Task	*Quant	tity	*Unit	*Price Per Unit	Amount Paid
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*Not applicable to consultant agreements							
I, Name (Printed or Type	<u></u> ed)	,			Tit	tle	
of							
do hereby certify that payment has been made t	to the subcontr		nsultants li				
subcontracted/subconsultant work items/tasks i			ment was	s made			ection 109.05.
Contractor/Consultant's Signature			Da	ıte			

ITD Distribution: Project File EEO

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